SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA: BRAZZAVILLE, REPUBLIC OF CONGO 19—23 AUGUST 2019
DRAFT REPORT

SIXTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA:
BRAZZAVILLE, REPUBLIC OF CONGO
19–23 AUGUST 2019
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Aerial view of the WHO Regional Office for Africa

Group photograph taken shortly after the opening ceremony
**PROCEDURAL DECISIONS AND RESOLUTIONS FOR RC69**

**Decision 1: Election of the Chairperson, the Vice-Chairpersons and Rapporteurs of the Regional Committee:**

In accordance with Rules 10 and 15 of the Rules of Procedure of the Regional Committee for Africa, the Sixty-ninth session of the Regional Committee unanimously elected the following officers:

**Chairperson:** Hon. Jacqueline Lydia Mikolo  
Minister of Health and Population  
Republic of Congo

**First Vice Chairperson:** Dr Magda Robalo Correia e Silva,  
Minister of Public Health, Family and Social Cohesion  
Guinea Bissau

**Second Vice Chair:** Dr Kalumbi Shangula,  
Minister of Health and Social Services  
Namibia

**Rapporteurs:** Dr Richard Lino Lako (English)  
Director Health Policy, Planning and Budgeting and Head of delegation for South Sudan as the English language rapporteur

Professor Cheikh Baye Mkheitiratt, (French)  
Inspector General for Health and Head of delegation of Mauritania as the French language rapporteur

Dr Edgar Manuel Azevedo Agostinho das Neves (Portuguese),  
Minister of Health and Head of delegation for Sao Tome and Principe as the Portuguese language rapporteur
Decision 2: Composition of the Committee on Credentials

In accordance with Rule 3 (c) of the Rules of Procedure of the Regional Committee for Africa, the Regional Committee appointed a Committee on Credentials consisting of the representatives of the following Member States: Cameroon, Equatorial Guinea, Lesotho, Mozambique, Niger, Uganda and Togo.

Decision 3: Credentials

The Regional Committee, acting on the report of the Committee on Credentials, recognized the validity of the credentials presented by the representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The forty-six Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. One Member State – namely Eritrea - was confirmed as not having attended the Regional Committee.

Decision 4: Draft Provisional Agenda, place and dates of the Seventieth session of the Regional Committee

The Sixty-ninth session of the Regional Committee for Africa decided to hold its Seventieth session in Lomé, Togo from 24 to 28 August 2020. The Committee reviewed and commented on the agenda for the seventieth session. The provisional agenda was adopted with no amendments.

Decision 5: Replacement of Members of the Programme Sub-Committee

The terms of Botswana, Ethiopia, Mauritania, Nigeria, São Tome and Principe and South Africa will come to an end at the Sixty-ninth session of the Regional Committee for Africa. It is therefore proposed that they should be replaced by Congo, Democratic Republic of the
Congo, (The) Gambia, Guinea, Malawi, and Mauritius. The full membership of the PSC will therefore be composed of the following Member States:

<table>
<thead>
<tr>
<th>Subregion 1</th>
<th>Subregion 2</th>
<th>Subregion 3</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>12. DR Congo (2019–2022)</td>
<td></td>
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</tbody>
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**Decision 6: Designation of Member States of the African Region to serve on the Executive Board**

The terms of office of Benin, Eswatini, United Republic of Tanzania and Zambia on the Executive Board will end with the closing of the Seventy-third World Health Assembly in May 2020.

In accordance with AFR/RC54/R11, which decided the arrangements to be followed in putting forward each year Member States of the Africa Region for election by the Health Assembly, it is proposed as follows:

(i) Botswana, Ghana, Guinea-Bissau, and Madagascar to replace Benin, Eswatini, United Republic of Tanzania and Zambia in serving on the Executive Board starting with the one-hundred-and-forty-seventh session in May 2020, immediately after the Seventy-third World Health Assembly. The Executive Board will therefore be composed of the following Member States as indicated in the table below:

<table>
<thead>
<tr>
<th>Subregion 1</th>
<th>Subregion 2</th>
<th>Subregion 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea-Bissau (2020–2023)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(ii) Kenya to serve as Vice-Chair of the Executive Board as from the one-hundred-and-forty-seventh session of the Executive Board.

(iii) Ghana to replace Zambia to serve on the Programme Budget and Administration Committee from the one-hundred-and-forty-seventh session of the Executive Board. The PBAC will therefore be composed of Gabon and Ghana.

**Decision 7: Method of work and duration of the Seventieth-third World Health Assembly**

**Vice President of the World Health Assembly**

The Chairperson of the Sixty-ninth session of the Regional Committee for Africa will be proposed for election as Vice-President of the Seventy-third World Health Assembly to be held from 17 to 21 May 2020.

**Main Committees of the Assembly**

(i) Mali to serve as the Chair for Committee B;

(ii) Uganda to serve as Rapporteur for Committee A;

(iii) Eritrea, Ethiopia, Sierra Leone, and United Republic of Tanzania to serve on the General Committee; and

(iv) Liberia, Mozambique and Rwanda to serve on the Committee on Credentials

**Meeting of the Delegations of Member States of the African Region in Geneva**

1. The Regional Director will convene a meeting of the delegations of Member States of the African Region to the World Health Assembly on Saturday 16 May 2020, at the WHO headquarters, Geneva, to confer on the decisions taken by the Regional Committee at its Sixty-ninth session and discuss agenda items of the Seventy-third World Health Assembly of specific interest to the African Region.

2. During the World Health Assembly, coordination meetings of delegations of Member States of the African Region will be held every morning from 08:00 to 09:00 at the Palais des Nations.
RESOLUTIONS

AFR/RC69/R1: STRATEGIC PLAN TO REDUCE THE DOUBLE BURDEN OF MALNUTRITION IN THE AFRICAN REGION (2019–2025) (Document AFR/RC69/7)

The Regional Committee,

Having examined the document entitled “Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)”;

Recalling, inter alia, resolution WHA65.6 endorsing the WHO comprehensive implementation plan on maternal, infant and young child nutrition; resolution WHA68.19 endorsing the Outcome of the Second International Conference on Nutrition; resolution WHA69.8 calling for implementation of the UN Decade of Action on Nutrition (2016–2025); resolution WHA69.9 on ending inappropriate promotion of foods for infants and young children; resolution WHA71.9 calling for improved measures to protect and promote appropriate infant and young child feeding; resolution AFR/RC57/R2 on Food Safety and Health; resolution AFR/RC62/R7 on the Brazzaville Declaration on Noncommunicable Diseases; resolution WHA61.14 on the implementation of the Global Strategy for the prevention and control of Noncommunicable Diseases to reduce premature mortality and improve quality of life; resolution WHA71.2 welcoming the outcome document of the WHO Global Conference on the Prevention and Control of Noncommunicable Diseases; decision WHA72(11) confirming the objectives of the WHO Global Action Plan for the prevention and control of noncommunicable diseases 2013–2020 and extending its time frame to 2030 to ensure alignment with the 2030 Agenda for Sustainable Development; and resolution A/RES/73/2 adopting the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases;

Deeply concerned that despite sustained efforts the prevalence of undernutrition remains high and that overweight and diet-related noncommunicable diseases are increasing in all age groups;

Noting that undernutrition in the early years of life increases the risk of noncommunicable diseases in later life;

Reaffirming the commitments made in the Rome Declaration and Framework for Action of the Second International Conference on Nutrition, the United Nations Decade of Action on
Nutrition 2016–2025; and the Sustainable Development Goal 2 to end hunger and all forms of malnutrition by 2030

Recognizing that malnutrition has multiple contextual determinants and therefore requires solutions from multiple sectors, notably, agriculture, food security, health, finance, social protection, education, water, environment and trade;

Acknowledging that significant challenges encumber the establishment of the sustainable food systems that are needed to ensure populations’ access to adequate, safe and nutritious foods;

1. ADOPTS the “Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)”.

2. URGES Member States to:
   (a) Develop and strengthen national policies, legislation and regulations, monitoring their implementation and applying incentives to promote and protect healthy diets;
   (b) Integrate actions to control the double burden of malnutrition in national development plans and strengthen nutrition-sensitive agriculture and trade policies;
   (c) Establish financing targets and increase sustainable domestic funding for nutrition, honouring the Malabo Declaration and high-level political commitment to end hunger;
   (d) Engage research institutions in evidence-driven policy development and implementation;
   (e) Adapt and implement this strategic plan to fully respond to their context-specific nutrition problems.

3. REQUESTS the Regional Director to:
   (a) Mount high-level advocacy for increased investment in reducing the double burden of malnutrition;
   (b) Provide technical support to Member States for the development of national policies and programmes to address the double burden of malnutrition;
   (c) Increase support for capacity strengthening for the delivery of nutrition services, programme monitoring and evaluation, surveillance and reporting;
   (d) Facilitate the mobilization of additional resources for the implementation of the Regional Strategic Plan in Member States;
(e) Support regional research collaboration for solutions to regional malnutrition challenges;

(f) Report to the Regional Committee in 2023 on the progress made in implementing the regional strategy and its related resolution.

**AFR/RC69/R2: REGIONAL STRATEGY FOR INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (2020–2030)** (Document AFR/RC69/6)

The Regional Committee,

Having examined the document entitled “Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030” (Document AFR/RC69/6);


Deeply concerned about the continued occurrence of epidemics and other public health emergencies in the African Region and their negative impact on people’s health and livelihoods, as well as their social and economic burden on Member States;

Concerned about the negative consequences of epidemics and other public health emergencies on vulnerable populations in the African Region who are already suffering from multiple diseases and conditions;

Recognizing the need to strengthen integrated disease surveillance and response (IDSR) as an integral part of building resilient health systems that can better address the potential impact of epidemics and other public health emergencies;
Conscious of the need to sustain the gains made in the implementation of the Regional strategy for health security and emergencies 2016–2020 (AFR/RC66/R3);

Noting that regional and global health security depends on timely local actions to rapidly detect, report, confirm and respond to epidemic alerts at source;

Cognizant of the current global and regional initiatives that present unique opportunities for strengthening national capacities for IDSR as an integral part of building resilient health systems;

Acknowledging that WHO has undertaken major reforms to make it fit for purpose to address global health security by creating a better coordinated single platform across all the three levels of the Organization;

Noting that Member States need to invest additional resources to strengthen IDSR for prompt detection and response to epidemics;

Reaffirming its commitment to implement resolution AFR/RC66/R3 on the Regional strategy for health security and emergencies 2016–2020;

1. ADOPTS the “Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030”, as contained in Document AFR/RC69/6;

2. URGES Member States to:

   (a) commit to build or sustain robust public health surveillance and resilient health systems;

   (b) commit domestic resources to support the implementation of priority interventions, including community-based surveillance;

   (c) establish and operationalize robust coordination mechanisms to support effective surveillance and prompt response to disease outbreaks and other public health emergencies;

   (d) put appropriate structures and systems in place to enhance public health surveillance and coordinated response, based on the “one health” approach;

   (e) promote multisector collaboration in public health surveillance;

   (f) promote continued and sustained cross-border public health surveillance through regional and subregional economic entities.
3. REQUESTS the Regional Director and invites partners to:

(a) support countries in the implementation of key interventions, including through the United Nations Development Assistance Framework;
(b) support platforms for cross-border collaboration among countries on public health surveillance;
(c) provide countries with technical support in implementing IDSR;
(d) report on progress to the Regional Committee in 2022, 2024, 2026, 2028 and 2030.

AFR/RC69/R3: NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee,

Considering Article 52 of the Constitution of the World Health Organization; and

In accordance with Rule 52 of the Rules of Procedure of the Regional Committee for Africa:

1. NOMINATES Dr Matshidiso Moeti as Regional Director for the African Region; and
2. REQUESTS the Director-General to propose to the Executive Board the re-appointment of Dr Matshidiso Moeti from 1 February 2020.

Sixty-ninth session, 20 August 2019
1. The Sixty-ninth session of the WHO Regional Committee for Africa was officially opened by the President of the Republic of Congo, His Excellency Denis Sassou Nguesso at the International Conference Centre, Kintele, Brazzaville, Republic of Congo, on Monday, 19 August 2019. The opening ceremony was attended by the President of the Senate, the President of the National Assembly, the Prime Minister, Cabinet Ministers, and members of the Government of the Republic of Congo, ministers of health and heads of delegation of Member States of the WHO African Region, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, the WHO Regional Director for Africa, Dr Matshidiso Moeti, members of the diplomatic corps, representatives of United Nations agencies and non-State actors (NSA), and representatives of the African Union Commission (see Annex 1 for the list of participants).

2. The Minister of Health and Population of the Republic of Congo, Honourable Jacqueline Lydia Mikolo, welcomed the delegates to the Sixty-ninth session of the WHO Regional Committee for Africa. She expressed appreciation for the leadership of His Excellency President Denis Sassou Nguesso on issues of peace and security, environment and health. She also commended the First Lady for her role in championing the response to sickle cell disease. The Minister stated that Congo had revised its National Health Sector Strategic Plan (NHSSP) and aligned it to the National Development Plan 2018–2022. The NHSSP outlines eight priority reforms. She identified health insurance as a top priority for achieving universal health coverage (UHC) while noting the importance of pooling resources for health as a public good. Finally, she thanked WHO and wished the delegates successful deliberations.

3. The Chairperson of the Sixty-eighth session of the Regional Committee, Minister of Health and Social Action of Senegal, Honourable Abdoulaye Diouf Sarr, in his statement, thanked the Government and people of Congo for their hospitality and his peers for their support during his tenure. He noted that the Region was beset by major health challenges and commended Member States for their efforts to address them. He also lauded the Global Transformation Programme of WHO for enhancing the response to country needs and noted that the African Region has been at the forefront of the transformation. He saluted the Declaration of Astana, emphasizing that primary health care remains the cornerstone of sustainable health and highlighted the importance of health financing policies in reducing out-of-pocket payments. Finally, he welcomed the pragmatic approach of the WHO Director-General and Regional Director in addressing the real needs of the African Region.
4. The WHO Regional Director for Africa, Dr Matshidiso Moeti, welcomed the ministers of health, delegates, development partners and participants to the Regional Committee. She expressed her appreciation to the Government of Congo for hosting the Regional Office and collaborating with WHO in the delivery of its work in the Region. She highlighted the progress made in three main areas: universal health coverage; health security; and the Transformation Agenda. She applauded African leaders for building momentum on UHC and for the progress achieved in translating it into action in some countries. She emphasized that UHC remains the highest priority and called for a reduction in the high unmet need for health services in the Region. She welcomed the ongoing health financing reforms in several Member States in the Region.

5. Dr Moeti noted the progress made in health security despite many challenges, notably repeated attacks on health workers with casualties. She called for a moment of silence in memory of all health workers who had lost their lives, in observance of World Humanitarian Day. Recalling that the Ebola epidemic in the Democratic Republic of the Congo has been declared a Public Health Emergency of International Concern (PHEIC), she commended the Government for its leadership and neighbouring States for their efforts in strengthening preparedness. She outlined progress on preparedness measures in the Region, which have enhanced countries’ capacities to detect and respond to emergencies.

6. In concluding, Dr Moeti underscored the significant progress made in implementing the Transformation Agenda and expressed gratitude to Member States for their crucial support in addressing challenges and consolidating gains. She noted that the main priorities would henceforth include consolidating the progress of the Transformation Agenda; eliminating diseases; expanding immunization coverage; and achieving the threefold priorities of the Thirteenth General Programme of Work (GPW 13); UHC; protection from emergencies and happier, healthier people. Finally, she thanked the Member States and partners for their support.

7. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus thanked the President, Government and people of the Republic of Congo for hosting the Regional Office and congratulated the First Lady on her advocacy for sickle cell disease. He highlighted the progress made in addressing the Ebola epidemic, including the development of a vaccine with 97% efficacy and medicine for treatment with more than 90% efficacy in case of early detection. He noted challenges in addressing the current epidemic in the Democratic Republic of the Congo, including insecurity and community resistance, and called for partners to stand in solidarity for a comprehensive approach to the needs of the population.
8. The Director-General outlined progress made in the Region in the control of communicable diseases and underscored the need to address the double burden of malnutrition. He further referred to ongoing reforms as part of the global transformation programme. He highlighted the upcoming United Nations High-level Meeting on UHC as an opportunity to catalyse political support for UHC and urged the Ministers to encourage Heads of State to attend. Finally, he lauded the outstanding work of the Regional Director that has inspired the global WHO transformation.

9. In opening the Sixty-ninth session of the Regional Committee, the President of the Republic of Congo, His Excellency Denis Sassou Nguesso welcomed participants and thanked WHO for its exemplary commitment to improving the health of African people. He also commended the First Lady of the Republic of Congo for her work on SCD. The President noted various health challenges in the Region and underscored the threat posed by falsified and counterfeit medicines. He applauded the treaty for the establishment of the African Medicines Agency and urged countries to ratify it. He further called on Member States to attend the UN High-level Meeting on UHC on the margins of the Seventy-fourth United Nations General Assembly.

10. The President reiterated his commitment to improving government financing for health and outlined ongoing efforts aimed at improving the health sector in Congo. In closing, he underscored that health for all is the greatest investment for humanity. He then officially declared open the Sixty-ninth session of the WHO Regional Committee for Africa and wished the delegates fruitful deliberations.

**Organization of Work**

**Election of the Chairperson, Vice-Chairpersons and Rapporteurs**

11. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee and resolution AFR/RC40/R1 and in line with the proposals of the Programme Subcommittee, the Regional Committee unanimously elected the following officers:

**Chairperson:**
Hon. Jacqueline Lydia Mikolo
Minister of Health and Population,
Republic of Congo
First Vice-Chairperson: Dr Magda Robalo Correia e Silva
Minister of Public Health, Family and Social Cohesion
Guinea-Bissau

Second Vice-Chairperson: Dr Kalumbi Shangula
Minister of Health and Social Services
Namibia

Rapporteurs: Dr Pinyi Nyimol Mawien Aupur
Director General, Preventive Health Services
South Sudan (English)

Professor Cheikh Baye Mkheitiratt
Inspector General for Health and Head of Delegation
Mauritania (French)

Hon. Dr Edgar Manuel Azevedo A. das Neves
Minister of Health and Head of Delegation
Sao Tome and Principe (Portuguese)

Adoption of the Agenda and Programme of Work

12. The Chairperson of the Sixty-ninth session of the Regional Committee, Hon. Jacqueline Lydia Mikolo, Minister of Health and Population of the Republic of Congo, tabled the provisional agenda (document AFR/RC69/1) and draft programme of work, which were adopted without amendments. The Regional Committee adopted the following hours of work: 09:00 to 12:30 and 14:30 to 17:30, including 30 minutes of break in the morning and in the afternoon, subject to change on certain days.

Appointment and meetings of the Committee on Credentials

13. The Regional Committee appointed the Committee on Credentials comprising representatives of the following Member States: Cameroon, Equatorial Guinea, Lesotho, Mozambique, Niger, Uganda and Togo.

14. The Committee on Credentials met on 19 August 2019 and elected Dr Sarah Achieng Opendi, Minister of State for Health of Uganda, as its Chairperson.

16. The forty-six Member States were found to be in conformity with Rule 3 of the Rules of Procedure of the Regional Committee for Africa. One Member State – namely Eritrea – was confirmed as not having attended the Regional Committee.


17. The WHO Regional Director for Africa, Dr Matshidiso Moeti, presented the document, “The Work of WHO in the African Region, 2018–2019”. The report outlines the significant results achieved by WHO in the African Region, guided by the Twelfth General Programme of Work, 2014–2019 (GPW 12). It reflects the contributions of WHO country offices, the Regional Office, including the intercountry support teams, and WHO headquarters, working with Member States and partners, to support health development in the WHO African Region from 1 July 2018 to 30 June 2019. It comprises sections highlighting the achievements of the Transformation Agenda and presents results under the six categories of GPW 12, namely communicable diseases; noncommunicable diseases; promoting health through the life course; health systems; polio eradication and the WHO Health Emergencies Programme; and corporate services and enabling functions, including the conclusion and looking ahead.

18. This is the fifth report of the current Regional Director who was appointed in January 2015 for a five-year term (February 2015 to January 2020). On assumption of office, the Regional Director launched the “Transformation Agenda of the WHO Secretariat in the African Region” to accelerate the implementation of WHO reform in the African Region.

19. In the past year, progress continued to be made in the four focus areas of the regional Transformation Agenda (pro-results values; smart technical focus; responsive strategic
20. The technical priorities of WHO’s work in the Region include universal health coverage, health emergencies and high-priority, high-impact health interventions. Efforts are ongoing to strengthen operations, sustain compliance, promote efficient resource use and ensure an enabling environment for delivery of technical work. Partnerships are being strengthened through strategic interaction with senior health officials and other existing and new partners. In communication, media interactions, use of social media and innovative platforms are being scaled up to ensure that public health messages reach a wider audience and contribute to greater visibility of WHO’s work in the Region.

21. The Regional Director noted that Member States have made significant progress in strengthening and sustaining health emergency preparedness and response capacities in the Region. Thirty-three Member States conducted risk profiling and mapping and 41 Member States completed joint external evaluations (JEEs). All 47 Member States in the Region submitted their State Party self-assessment annual report under the International Health Regulations (IHR). In addition, 23 Member States developed all-hazards national action plans for health security incorporating the “One-Health” approach. To enhance monitoring of priority diseases and timely detection of epidemics, 19 Member States achieved Integrated Disease Surveillance and Response (IDSR) coverage of 90% at subnational level, including implementation of event-based surveillance. Rapid response team (RRT) trainings were conducted in 17 Member States to strengthen health workforce capacity to conduct timely investigations and respond to outbreaks and other emergencies.

22. She also noted that in response to the Ebola virus disease (EVD) outbreak which started in August 2018 in the Democratic Republic of the Congo, WHO and partners supported the country to vaccinate 90,351 people using the experimental Ebola candidate vaccine (rVSV-ZEBOV). Those vaccinated were primary and secondary contacts of EVD cases in the Democratic Republic of the Congo and frontline health workers in unaffected neighbouring countries. WHO also supported vaccination campaigns to control yellow fever and cholera in several Member States.
23. With respect to communicable diseases, the Regional Director stressed that diseases such as HIV, TB, malaria, viral hepatitis, sexually transmitted infections (STIs) and neglected tropical diseases (NTDs) continue to pose major public health challenges across the Region. In 2018, Member States adopted the “Treat All” policy for the 25.7 million people living with HIV in the African Region of which 16.3 million are receiving antiretroviral therapy (ART). She added that the Region has continued to make progress in measuring the impact of TB, with a view to reaching the End TB Strategy and Sustainable Development Goal (SDG) targets. WHO, alongside other partners, supported Member States to accelerate progress towards ending TB and developed the African Continental End TB Accountability Framework for Action and an annual scorecard.

24. A “high-burden to high-impact” country-led approach was launched in November 2018 to halt rising numbers of cases of malaria in high-burden countries. Member States developed and deployed strategies and tools for malaria prevention, control and elimination, and comprehensive malaria programme reviews were conducted in five countries. WHO also supported Member States to implement national NTD master plans. In line with the Regional Strategic Plan, eradication of guinea-worm disease is on track with endemicity remaining in only four countries (Chad, Ethiopia, Mali and South Sudan).

25. Continued progress was made towards polio eradication. By June 2019, no wild poliovirus (WPV) type 1 had been confirmed in the African Region for more than 34 months since the onset of the last case in Nigeria in August 2016. All Member States in the Region introduced inactivated polio vaccine (IPV) as of March 2019, compared to only 36 Member States by early 2018. As of November 2018, forty Member States in the Region had their polio-free status documentation accepted by the African Regional Certification Commission for Polio Eradication.

26. In collaboration with partners, WHO and Member States continued to respond to the rapidly increasing burden of noncommunicable diseases (NCDs) by developing and implementing multisectoral policies and strategies; strengthening health systems; reducing exposure to risk factors; tracking trends; and monitoring progress towards the nine voluntary global NCD targets in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.

27. To ensure a coherent approach to NCD prevention and control, Member States continue to review and update their multisectoral action plans in accordance with the Global action plan. During the reporting period, WHO supported Member States in the
Region to develop, review or update their national plans and currently, 35 countries have NCD multisectoral action plans. In 2018–2019, ten Member States adopted laws and regulations on tobacco control and five additional countries ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. In 2018, WHO began to implement a three-year project to strengthen national regulatory and fiscal environments to promote healthy diets and physical activity. Technical support was provided to 15 countries in the Region on cervical cancer prevention and control.

28. The Regional Director also highlighted ongoing efforts to achieve universal health coverage. Work towards UHC has continued with emphasis on strengthening the health-care workforce and boosting the performance of health systems; improving the quality, safety and efficacy of products and services through the generation of evidence; delivering of public goods; forging partnerships; and providing technical support and training to health-care leaders, managers and professionals.

29. As part of the implementation of the UHC flagship programme, scoping missions were conducted in 16 Member States to identify strengths, opportunities and bottlenecks, and develop roadmaps to accelerate implementation of UHC. The Essential Health Services Package (EHSP) was developed to guide Member States on primary health care (PHC), along with a tool to assess district health system functionality in order to identify and bridge gaps in emergency preparedness framework. Member States conducted the Service Availability and Readiness Assessment (SARA) in health facilities and used the results to improve their health plans.

30. Fifteen Member States are now implementing surveillance mechanisms to reduce medicine costs in the context of the Medicines Availability and Price Platform hosted by the Regional Office. WHO trained and supported 14 Member States to update their national essential medicines lists. Training was provided for 38 Member States on the prevention, detection and response to substandard and falsified medical products. WHO also supported the development of national action plans for antimicrobial resistance (AMR) in 30 Member States.

31. The Regional Director also noted that 14 countries have reached the target of 90% antiretroviral (ARV) coverage for pregnant women and are working towards elimination of mother-to-child transmission of HIV and syphilis. In 2018, seven Member States formulated integrated national strategic plans on reproductive, maternal, newborn, child and adolescent health (RMNCAH) and nutrition. Two years after the launch of the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance, 36 countries in the
Region are using it to plan, implement and increase access to quality services for adolescents. WHO guidance and tools on gender, equity and rights mainstreaming have been introduced in 21 countries.

32. Following months of intensive preparation, the pilot introduction at local and district level of the first malaria vaccine to reach young children, RTS,S/AS01, began in Ghana and Malawi. Rubella-containing vaccine has been introduced in 27 countries, and 26 countries now include a second dose of measles vaccine (MCV2) in their routine immunization programmes. Twenty-three of the 27 high-risk countries have introduced the yellow fever vaccine in their routine immunization programmes.

33. The Regional Director indicated that partnerships have been strengthened and resources mobilized for public health priorities. This has led to 142 cooperation agreements, including a partnership for the advancement of the health agenda on the continent with the Pan-African Parliament and a framework for regional collaboration with the Global Fund. WHO convened the second WHO Africa Health Forum (WAHF) in Praia, Cabo Verde in March 2019. The forum provided a unique opportunity to consider pathways to achieving UHC and health security in Africa.

34. In relation to governing bodies, WHO in the African Region continued to streamline processes and strengthen support to delegates. The Sixty-eighth Regional Committee adopted the first ever Code of Conduct for the Nomination of the Regional Director to promote a transparent, open and equitable process. The regional communication strategy was finalized and endorsed by senior management. Nearly 300 reporters from more than 10 countries were trained on how to report on health emergencies. Proactive engagement with strategic media led to about 100 media interactions.

35. The Secretariat has continued to strengthen the strategic focus on results, shifting energies towards the triple billion goal, as outlined in the Thirteenth General Programme of Work, 2019–2023 (GPW 13). Enhanced capacity in planning, budgeting, monitoring and evaluation has made WHO’s work in the Region more efficient and effective.

36. Structural and managerial reforms are being consolidated by strengthening internal control mechanisms; improving accountability, transparency and compliance; and enhancing the performance of individual staff and budget centres. As a result of these measures, audit report ratings of WHO budget centres in the African Region have improved significantly in recent years. Programmatic key performance indicators (KPIs) continue to be
defined to enhance accountability, transparency and the focus on results. The KPIs measure WHO’s contribution towards the achievement of national targets of the Sustainable Development Goals (SDGs) in the African Region.

37. During the discussions the delegates thanked Dr Moeti for the comprehensive report and reiterated their faith in her leadership. Member States highlighted the support they have received from WHO in various areas including in addressing emergencies such as Cyclones Idai and Kenneth in Southern Africa and the Ebola epidemic and preparedness in the DRC. They lauded the Transformation Agenda and the functional reviews aimed at making WHO country offices fit for purpose. Some delegates shared information about positive experiences from their respective countries, for example, being able to purchase low-cost tests and medicines for viral hepatitis. They also shared progress on various programmatic areas including elimination of NTDs. However, they called for more efforts, inter alia, to support populations in security-compromised areas and address the health needs of Small Island Developing States (SIDS).

38. Responding to the comments made by the delegates, Dr Moeti agreed that more needs to be done to ensure access to health services in areas affected by insecurity and conflict. She noted that the efforts to eliminate polio provided lessons on how to better partner with the security services, humanitarian actors, and civil society to ensure access to health care services for people under very difficult circumstances. She underscored the need to document and apply these lessons. She recognized that although large countries have been prioritized for impact, more attention needed to be paid to both small and Lusophone countries. Both the Director-General and the Regional Director reaffirmed that climate change and its impact on health in SIDS are WHO priorities, adding that special initiatives were ongoing.

39. The following recommendations were made to WHO and partners:

   (a) accelerate efforts to address the challenges faced by SIDS, including climate change and its impact on health;
   (b) improve strategies to address the health needs of populations in areas affected by insecurity and conflict;
   (c) offer more support for effective documentation and dissemination of best practices within the Region; and
   (d) continue to promote dialogue between ministries of health and finance.

STATEMENT OF THE CHAIRPERSON OF THE PROGRAMME SUBCOMMITTEE (DOCUMENT AFR/RC69/3)

41. In his statement to the Sixty-ninth session of the Regional Committee, the Chairperson of the Programme Subcommittee (PSC), Dr Carlos Alberto Bandeira de Almeida from Sao Tome and Principe, reported that the Committee met in Brazzaville, Republic of Congo, from 11 to 13 June 2019. The PSC reviewed six documents on public health matters of regional concern and recommended them for discussion during the Sixty-ninth session of the Regional Committee. The Regional Committee also considered and adopted the proposals for the designation of Member States on councils and committees that require representation from the African Region as recommended by the Programme Subcommittee.

THIRTEENTH GENERAL PROGRAMME OF WORK, 2019–2023 RESULTS FRAMEWORK: AN UPDATE (DOCUMENT AFR/RC69/4)

42. The Thirteenth General Programme of Work, 2019–2023 Results Framework: An Update was introduced by Dr Joseph Cabore, Director of Programme Management, and presented by Dr Samira Asma, Assistant Director General for Data, Analytics and Delivery. The document notes that on approving the Programme budget 2020-2021, the Seventy-second World Health Assembly in May 2019 requested the Director-General to continue developing the GPW 13 results framework, in consultation with Member States, including through the regional committees, and to present it to the Executive Board at its 146th session in January 2020. The results framework consists of the results that WHO aims for, to make an impact on people’s health at the country level, and the three-level measurement system to track impact through quantitative indicators and milestones using the healthy life expectancy (HALE) for the top-level indicator, the corresponding indices of the triple billion targets (universal health coverage index, health emergency protection index and healthier population index) and outcomes (the 46 programmatic indicators).

43. The document enumerates the various elements of the results framework and how the methods for calculating each of the healthy life expectancy and triple billion indices, and the programmatic targets and outputs will be finalized. It also describes the Secretariat’s support to Member States in strengthening their data and health information systems, as well as the linkage with the Sustainable Development Goal (SDG) Global Action Plan. Additionally, it highlights the consultative process with technical experts and Member States prior to the presentation of the results framework to the Executive Board in February 2020.
44. During the discussions, the delegates commended the Secretariat on the GPW 13, the focus on impact at country level and alignment with the SDGs to ensure standardized reporting, while also welcoming the inclusive consultative process. However, they noted the need to finalize the results framework; to provide specific timelines for the next steps; and to clearly state how data shall be harmonized and collated at country level, especially regarding data that is not routinely collected. They noted that support to countries will be based on their specific needs, and that the inclusion of a qualitative narrative report documenting best practices will ensure that country performance is highlighted regardless of country size. The delegates recommended the involvement of partners, academia and other technical experts in the further development and finalization of the results framework.


**NOMINATION OF THE REGIONAL DIRECTOR** (DOCUMENT AFR/RC69/INF.DOC/10)

46. In introducing the document, the WHO Legal Counsel, Mr Derek Walton recalled that the appointment of the incumbent Regional Director of the African Region, Dr Matshidiso Rebecca Moeti, comes to an end on 31 January 2020. Therefore, in line with Article 52 of the WHO Constitution, the Regional Committee should consider at its Sixty-ninth session in August 2019 the nomination of the Regional Director for a period of five years beginning in February 2020. This will enable the Executive Board to consider the matter at its 146th session in early February 2020.

47. On 14 February 2019, in line with Rule 52 of the Rules of Procedure of the Regional Committee for Africa, the Director-General informed the Member States of the Region that each Member State could propose, no later than 18:00 Central European Time on Friday, 24 May 2019, the name of one suitably qualified and experienced citizen of that State with a medical background for the post of Regional Director.

48. In accordance with Rule 52.4 of the Rules of Procedure, the Director-General communicated on 6 June 2019 to Member States of the Region that Botswana had proposed the candidature of Dr Matshidiso Moeti for reappointment as Regional Director. Since only one candidature was received by the Director-General, the Regional Committee, pursuant to Article 52 of the WHO Constitution and Rule 52 of the Regional Committee’s Rules of Procedure and also following an open meeting to determine the modalities for interviewing the candidate and a private meeting to interview the candidate and to vote,
nominated Dr Matshidiso Rebecca Moeti as WHO Regional Director for Africa for a second term and requested the Director-General to propose to the Executive Board her appointment for a five-year term with effect from 1 February 2020.

49. The Regional Committee adopted resolution AFR/RC69/R3 on Nomination of the Regional Director.

50. After her nomination as Regional Director for a second term, Dr Moeti, in her acceptance remarks, expressed her gratitude to the President of her country, Botswana, for his invaluable support for her campaign and nomination. She also thanked the Ministers of Health and the Heads of Delegation for the confidence they reposed in her and in her country by nominating her for a second term as Regional Director. Dr Moeti also thanked the staff members of the WHO Secretariat in the African Region and all stakeholders for their collaboration as well as her spouse for his support. Dr Moeti pledged to work in collaboration with the Secretariat, Member States and partners, to improve the health status of all people in the WHO African Region.

51. Following Dr Moeti’s acceptance remarks, Dr Tedros Ghebreyesus congratulated her on her nomination and indicated that it was a demonstration of the faith, confidence and trust Member States had in her. The Director-General observed that the confidence of Member States in Dr Moeti was well placed, given the achievements recorded in the WHO African Region under her leadership, including her pioneering role in the Regional Transformation Agenda, from which the Global WHO Transformation Programme has drawn inspiration. Dr Tedros stated that he looked forward to continue working closely with Dr Moeti, as Africa was a major priority for WHO and wished her a successful second term.

52. Several delegates also took turns to congratulate Dr Moeti on her nomination... They reiterated their collective confidence in her leadership and pledged their full support and collaboration in the efforts to attain UHC and the SDGs with a rejuvenated focus on primary health care while building resilient health systems.

53. The Regional Committee was informed that the 146th Executive Board would be deferred and that there would be a short gap between the expiry of the current term of the incumbent Regional Director and her appointment for a second term, expected to take place on 3 February 2020. By virtue of the authority vested in him under Article 31 of the WHO Constitution as the chief technical and administrative officer of the Organization, the Director-General will designate an acting Regional Director for the period between 31
January 2020 and the appointment of the next Regional Director for Africa at the 146th session of the Executive Board in February 2020.


(DOCUMENT AFR/RC69/5)

54. The Fourth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region: 2015–2020 was introduced by Dr Francis Kasolo, acting Director of the Office of the Regional Director. The Transformation Agenda is a vision to accelerate the implementation of the WHO reform in the African Region by fostering results-focused values; evidence-driven technical focus; responsive strategic operations; and effective and efficient partnerships and communication. Phase I covered three years of implementation of the Transformation Agenda, the results of which were reported in 2018.

55. Prompted by the need to consolidate the gains of Phase I and build on the lessons learned, Phase II of the Transformation Agenda was launched in 2018. The major thrust of Phase II is to optimize WHO’s technical focus and performance, thus improving the quality of its work and ensuring better management of resources to generate value for money. Phase II is being implemented through the following six workstreams: strengthening change management processes and enhancing a values-based culture; enhancing the country-focus approach for greater impact; growing a stronger focus on the delivery of quality results; promoting efficiency, accountability, quality and value for money; broadening engagement with Member States and partners; and ensuring more effective communication of the work of the Secretariat towards improving health outcomes in the Region.

56. The fourth report on progress in the implementation of the Transformation Agenda highlights the progress made in Phase II. Achievements include the introduction of the Pathway to Leadership training programme for senior staff at regional and country levels, functional reviews of WHO country offices, support to Member States for progress towards universal health coverage, support to 23 Member States for the development of their National Action Plan for Health Security (NAPHS), increased commitment and leadership of national authorities in relation to preparedness and response; improved staff compliance with WHO rules and regulations resulting in no unsatisfactory internal audit reports for any budget centre in the Region for the last four consecutive years and a decline in the number of overdue Direct Financial Cooperation (DFC) reports by 80% as of 2018. The report also puts forward proposals for ensuring the successful completion of the Agenda, such as developing a new regional performance framework that includes a new generation of key
performance indicators to monitor both the Transformation Agenda and the GPW 13 in line with the triple billion targets, ensuring more effective communication of the work of the Secretariat and incorporating feedback from stakeholders.

57. During the discussions, Member States commended and thanked the Secretariat for the comprehensive report and the Regional Director for her commitment to the Transformation Agenda. They expressed satisfaction at the significant progress recorded in the four thematic areas of the Transformation Agenda. Member States particularly recognized and lauded accomplishments in improved gender parity in staffing, donor and DFC reporting and the leadership and management training. They also expressed satisfaction with the functional reviews and improved dialogue between ministries of health and WHO country offices. Member States welcomed the next steps and affirmed their commitment to the way forward.

58. Member States were requested to strive towards having zero overdue DFC reports.

59. WHO was requested to consider extending the leadership and management training to ministry of health staff in Member States.

60. The Regional Committee adopted Document AFR/RC69/5: Fourth progress report on the implementation of the Transformation Agenda of the World Health Organization Secretariat in the African Region.

**REGIONAL STRATEGY FOR INTEGRATED DISEASE SURVEILLANCE AND RESPONSE: 2020–2030 (DOCUMENT AFR/RC69/6)**

61. Dr Zabulon Yoti, acting WHO Regional Emergencies Director, presented the paper entitled, “Regional strategy for integrated disease surveillance and response: 2020–2030”. The paper describes emerging and re-emerging disease threats with pandemic potential that continue to challenge fragile health systems, exacting an enormous human and economic toll in the Region and threatening global health security. A recent WHO evaluation of disease trends in 2019 indicates that the risk of emerging infectious diseases has risen due to the growth of cross-border and international travel, increasing human population density and the growth of informal settlements. Other factors include changes in climate, as well as the interactions between humans and wild animals and in trade and livestock farming.
62. In 2016, Member States adopted the Regional strategy for health security and emergencies 2016–2020, which set a very bold target for IDSR; by 2020, all Member States should be implementing IDSR with over 90% national coverage. The strategy, which is aligned with the Transformation Agenda of the WHO Secretariat in the African Region, provides Member States with the technical guidance and priority interventions to achieve the WHO GPW 13 goal of protecting one billion more people from health emergencies. These include conducting high-level advocacy; ensuring good system design and country ownership; ensuring consistent availability of skilled health workers; institutionalizing IDSR training and review of curricula of training institutions; scaling up event-based surveillance, community-based surveillance and electronic IDSR; implementing IDSR in complex situations; providing feedback and information sharing; strengthening cross-border preparedness and response; and integrating IDSR into broader health information systems.

63. During the discussions, Member States welcomed the Regional strategy and commended the Secretariat for its high quality. They acknowledged that epidemics and emergencies are a real threat in the Region and thanked WHO for the support provided in addressing them, including strengthening IDSR. The delegates shared their ongoing efforts to strengthen IDSR. Several Member States indicated that they were already using the new IDSR guidelines and many have introduced the innovative electronic IDSR, leading to significant improvements in timeliness and quality of surveillance data. This has resulted in early detection and response to epidemics. Community-based surveillance, coordination of the “One Health” approach and laboratory systems were highlighted as weak areas that need more attention. The delegates reiterated that IDSR needs to be implemented in the context of health systems strengthening for UHC.

64. Member States were requested to:
   
   (a) support IDSR teams to enable rapid detection and response to epidemics;
   
   (b) invest and mobilize resources for implementation of the new IDSR strategy.

65. WHO and partners were requested to:

   (a) advocate for and support implementation of IDSR in the Region, including rolling out IDSR operational plans in the context of health systems strengthening and UHC;
   
   (b) revitalize the Regional IDSR Task Force to oversee implementation of the strategy;
(c) support Member States in strengthening cross-border surveillance to prevent spread and ensure early containment of epidemics;
(d) provide support and catalyse regional ownership of research and innovation.


**STRATEGIC PLAN TO REDUCE THE DOUBLE BURDEN OF MALNUTRITION IN THE AFRICAN REGION: 2019–2025 (DOCUMENT AFR/RC69/7)**

67. Dr Felicitas Zawaira, Director of the Family and Reproductive Health Cluster presented the document entitled, “Strategic plan to reduce the double burden of malnutrition in the African Region: 2019–2025”. The document argues that despite global, regional and national initiatives, rates of hunger and undernutrition remain unacceptably high in the African Region. There is also a nutritional transition and an increasing incidence of overweight/obesity and diet-related noncommunicable diseases. The World Health Assembly in 2012 adopted the Comprehensive implementation plan on maternal, infant and young child nutrition with six targets for 2025. However, progress in the African Region is hampered by lack of resources and a policy environment that is under-equipped to control the consumption of poor-quality diets. To address these challenges, there is a need to strengthen policies and regulatory frameworks to promote, protect and support the consumption of safe and healthy foods.

68. The strategy aims to reduce all forms of malnutrition throughout the life course for better health and well-being in the African Region. Its objective is to strengthen national capacity and the evidence base for nutrition programming and thus reduce all forms of malnutrition throughout the life course, in line with the Sustainable Development Goals. It proposes priority actions covering legislation and regulation, resource mobilization, multisectoral action, service delivery, data innovation and research. It also proposes approaches to improve efficiency by integrating nutrition actions in existing service delivery platforms. Mid-term and end-term reviews will be conducted to monitor implementation of the strategy.

69. During the discussions, participants expressed satisfaction with the document presented and emphasized its importance for the promotion of healthy nutrition and the protection of populations. They reiterated their commitment to continue working for the improvement of nutrition and acknowledged the challenge of the double burden of
malnutrition in the African Region. Apart from the known contribution of undernutrition to mortality, noncommunicable diseases associated with obesity are increasing the burden of disability and premature death.

70. Delegates enumerated key enabling factors for the implementation of the strategy, including high-level political commitment to address all forms of malnutrition, and the existence of relevant policies and strategic plans. Some Member States have introduced taxation on sugar-sweetened beverages and are channelling the revenue generated into health promotion. Others have embarked on the promotion of healthy diets through school nutrition policies, high-fibre diets, and increased physical activity. The main challenges identified included lack of financial resources for nutrition, lack of capacity to conduct food composition analysis, lengthy procedures in changing legislation and limited availability and use of routine data in nutrition monitoring.

71. WHO and partners were requested to:
   (a) ensure regional contextualization of the guidelines and prioritize early childhood nutrition;
   (b) strengthen institutional capacity and monitor nutrition;
   (c) establish a platform for sharing experiences, innovation and best practices;
   (d) review the regional nutrient profile model and update nutrition thresholds.


**FRAMEWORK FOR PROVISION OF ESSENTIAL HEALTH SERVICES THROUGH STRENGTHENED DISTRICT/LOCAL HEALTH SYSTEMS TO SUPPORT UHC IN THE CONTEXT OF THE SDGS (DOCUMENT AFR/RC69/8)**

73. The Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs was presented by Dr Prosper Tumusiime, acting Director, Health Systems and Services Cluster. The Framework is intended to guide Member States in the African Region in revitalizing and enhancing the capacity of district health systems given their pivotal role in achieving UHC in the context of the SDGs. It envisions equitable access for all people at all ages to quality essential health services that respond adequately to the needs of the population.
74. The key objectives of the Framework are to guide Member States in strengthening and sustaining their district health systems in order to provide essential health services, and to articulate priority actions that meet individual and community needs across the entire life course. The proposed interventions include: enhancing capacity for governance, leadership and management; improving capacity for evidence-based decision-making and monitoring and evaluation of district health services; defining, costing and mobilizing resources for essential health service packages; building the capacity of health workers to deliver the essential health service package; enhancing access to essential medicines, other health products and equipment; ensuring person-centred health service delivery; strengthening the health referral system; enhancing the use of digital health; empowering households and communities; and establishing and strengthening community health committees.

75. Delegates commended the Secretariat for the relevance of the document in promoting universal health coverage. They shared their experiences and the successes achieved in district health system strengthening, including the establishment of mobile health units using multidisciplinary teams; decentralization of services and collaboration with local authorities while ensuring pooled and centralized procurement of medicines and consumables; community training of health-care workers and community-based interventions to extend coverage of access; establishment of primary health care institutes; provision of free package of basic care to specific populations including children under five years of age and pregnant women; and promotion of intersectoral collaboration at district level. They also highlighted common challenges such as lack of skilled health-care professionals; inadequate health and laboratory infrastructure; poor community involvement; dearth of leadership and governance; inadequate budget allocation and accountability.

76. Member States were requested to:

(a) review the package of essential health services taking into consideration local context and disease burden including health security aspects;

(b) systematically document best practices on the provision of essential health services and promote operational research;

(c) increase the quality and number of skilled health workforce at all levels and establish measures to mitigate brain-drain including revision of incentives;

(d) strengthen leadership, governance and centralized procurement of commodities.
77. WHO and partners were requested to:
   (a) establish a commemorative Primary Health Care Day as an advocacy tool for enhancing political and community commitment to universal health care;
   (b) establish a platform for South-South cooperation, peer learning and exchange of experiences based on best practices and promotion of operational research;
   (c) consider the Institute of Primary Health Care established in Ethiopia as a WHO collaborating centre for training and research.

78. The Regional Committee adopted with amendments Document AFR/RC69/8: Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs.

**FRAMEWORK FOR THE IMPLEMENTATION OF THE GLOBAL VECTOR CONTROL RESPONSE IN THE WHO AFRICAN REGION (DOCUMENT AFR/RC69/9)**

79. The Framework for Implementation of the Global Vector Control Response in the WHO African Region was presented by Dr Margaran Bagayoko, acting Director of the Communicable Diseases Cluster. The document states that vector-borne diseases (VBDs) are responsible for 17% of the global communicable disease burden and cause over 700,000 deaths every year. The WHO African Region has a high burden of VBDs such as malaria, arboviruses and schistosomiasis. The Region bears 90% of the global burden of malaria, with almost 70% distributed among 10 Member States, namely Burkina Faso, Cameroon, Democratic Republic of the Congo, Mali, Niger, Ghana, Mozambique, Nigeria, Uganda and United Republic of Tanzania, that reported an estimated 3.5 million more malaria cases in 2017 than the previous year. Unfortunately, vector control efforts face various challenges including insecticide resistance, uncertain sustainability of interventions, and suboptimal surveillance and control. Other challenges relate to climatic and environmental risk factors, poor partner collaboration and coordination, and lack of evidence for decision-making. Additional constraints include deficient emergency and epidemic response, limited human resources, and health system weaknesses.

80. In response to the increasing challenge of VBDs and at the request of Member States, the World Health Assembly in May 2017 adopted resolution WHA70.16 on the Global Vector Control Response 2017–2030 (GVCR, an integrated approach for the control of vector-borne diseases, which calls on Member States to develop or adapt national vector control strategies and operational plans that are aligned with this strategy. WHO developed the GVCR as a strategy to strengthen vector control worldwide. The regional Framework is intended to guide Member States of the WHO African Region in planning and implementing
the priority actions of the GVCR in the context of their local situations, as well as to strengthen institutional and human capacity to implement vector control. These include conducting needs assessments, updating strategic plans, improving multisectoral responses, vector surveillance and information systems, regulatory and legislative frameworks, and basic and applied research for entomology.

81. During the discussions, the delegates indicated that insecticide resistance remains a constraint to effective vector control and that the poor understanding of behavioural attributes of local malaria vectors and the paucity of data on significance of secondary vectors compounded residual malaria transmission. Concerns were raised about accountability and the sustainability of vector control interventions owing to limited domestic resources. Members States also highlighted challenges related to lack of human, technical and financial resources to support vector control initiatives.

82. Member States were requested to:

   (a) assess vector control needs and mobilize resources;
   (b) develop and update national vector control strategic plans;
   (c) develop a national agenda for basic and applied research on entomology and vector control;
   (d) establish interministerial, multisectoral task forces and national vector control committees to engage all stakeholders and communities in the control of VBDs and to facilitate intersectoral implementation of actions;
   (e) integrate vector surveillance systems within health information systems; and
   (f) improve coordination of surveillance and control of VBDs and collaboration among stakeholders and partners.

83. WHO and partners were requested to:

   (a) support the training of health professionals on vector control;
   (b) support advocacy initiatives to reduce costs related to insecticides used for vector control;
   (c) support strengthening of entomological surveillance systems including GIS systems; support public health research to mitigate harmful shifts in biodiversity and collaboration on environmental management;
   (d) support strengthening of laboratory services to detect arboviral diseases;
   (e) provide technical and material resources for monitoring;
   (f) support evaluation, mapping of the distribution of vector-borne diseases and development of integrated vector management strategies; and
(g) provide progress reports on the proposed framework for discussion at subsequent Regional Committees.


**ACCELERATING THE RESPONSE TO NONCOMMUNICA BLE DISEASES IN THE AFRICAN REGION IN LINE WITH THE POLITICAL DECLARATION OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NCDS (DOCUMENT AFR/RC69/10)**

85. The document entitled Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs was presented by Dr Stephen Shongwe, acting Director, Noncommunicable Diseases Cluster. The document notes that in 2017, the NCD Progress Monitor revealed that progress in scaling up NCD programmes and services to prevent premature deaths from the major NCDs such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases in the African Region remains inadequate. The third High-level Meeting of the United Nations General Assembly on NCDs was held in New York on 27 September 2018 under the theme “Scaling up multi-stakeholder and multisectoral responses for the prevention and control of non-communicable diseases in the context of the 2030 Agenda for Sustainable Development”.

86. The document highlights the outcome of the High-level Meeting, key issues and challenges in the African Region, and proposes actions to accelerate the response to NCDs. These include scaling up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs through multisectoral national responses; ensuring policy coherence across different sectors, oversight of multisectoral action, and scaling up of the NCD response at local and national levels; promoting and implementing policy, legislative, and regulatory measures, including fiscal measures to minimize the impact of the main risk factors for NCDs and promoting healthy diets and lifestyles; implementing a prioritized set of cost-effective and affordable evidence-based NCD and mental health interventions and good practices; mobilizing and allocating adequate and sustained resources for national responses to prevent and control NCDs; promoting mental health and well-being, through domestic, bilateral, and multilateral sources; and encouraging healthy lifestyles and population-wide public health education programmes.
87. During the discussions, Member States commended the Secretariat for the relevance and quality of the document. They expressed concern about the increasing burden of NCDs in their countries and the extremely high costs of diagnostics and treatment for cancer and for the management of other NCDs. They indicated that as data on NCDs are not readily available in routine systems, they rely on STEPS surveys to understand the prevalence of risk factors and the actual burden of NCDs and their contribution to overall mortality. The delegates also shared information on ongoing efforts and the progress made to address NCDs and their risk factors, including services for their screening, diagnosis and treatment. In addition, several countries have made progress in tobacco control and a few have introduced increased taxation on alcohol, but most still lack policies and regulations for reduction of alcohol consumption.

88. The innovative subregional approach in the East African Community, where each of the five Member States is allocated a Centre of Excellence dedicated to a particular NCD in order to reduce the costs of referring patients abroad, was shared. Member States underscored the importance of civil society mobilization, including patient groups and advocates, as has been seen for HIV/AIDS treatment, to achieve the targets set for NCDs and mental health. They also reiterated that increased taxation on tobacco and alcohol should be accompanied by programmes to support cessation of smoking and alcohol abuse in order to avert recourse to cheaper substandard products.

89. Member States were requested to:

   (a) develop and enact alcohol control legislation and policies to regulate the consumption of alcohol;
   (b) invest in the integration of NCDs in primary health care to ensure their early screening, detection and treatment.

90. WHO and partners were requested to:

   (a) implement global and regional approaches to reduce the cost of diagnostics and medicines;
   (b) implement regional approaches to support Member States in engaging with the private sector to reduce risk factors;
   (c) present the progress made to the Seventieth session of the Regional Committee and in subsequent sessions.
91. The Regional Committee adopted with amendments Document AFR/RC69/10: Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the High-level Meeting of the General Assembly on the prevention and control of NCDs.

INFORMATION DOCUMENTS (DOCUMENT AFR/RC68/5)

92. The Regional Committee discussed the following information documents: (a) Progress on the implementation of the Regional Strategy on Health Security and Emergencies (Document AFR/RC69/INF.DOC/1); (b) Progress report on the implementation of the Regional Strategic Plan for Immunization 2014–2020 (Document AFR/RC69/INF.DOC/2); (c) Progress report on the implementation of the Regional Strategy for cancer prevention and control (Document AFR/RC69/INF.DOC/3); (d) Progress report on the implementation of the Regional strategy for Neglected Tropical Diseases: 2014–2020 (Document AFR/RC69/INF.DOC/4); (e) The first United Nations General Assembly High-level Meeting on TB–Implications for the WHO African Region (Document AFR/RC69/INF.DOC/5); (f) Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change (Document AFR/RC69/INF.DOC/6); (g) Progress Report towards Certification of Polio Eradication and Endgame Strategy in the African Region (Document AFR/RC69/INF.DOC/7); (h) Report on WHO Staff in the African Region (Document AFR/RC69/INF.DOC/8); and (i) Regional matters arising from reports of the WHO internal and external audits (Document AFR/RC69/INF.DOC/9).

93. The Regional Committee took note of the information documents.

DRAFT PROVISIONAL AGENDA, PLACE AND DATES OF THE SEVENTIETH SESSION OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC69/11)

94. The Regional Committee adopted the agenda of the Seventieth session of the Regional Committee and confirmed that the session would be held in Lome, Togo from 24 to 28 August 2020.

95. The Regional Committee also took note of the interest of the Republic of Burundi to host the Seventy-first session of the Regional Committee.

ADOPTION OF THE REPORT OF THE REGIONAL COMMITTEE (DOCUMENT AFR/RC69/12)
CLOSURE OF THE SIXTY-NINTH SESSION OF THE REGIONAL COMMITTEE